

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

*2.20.04*

SERIAL NO. *10/783.519*

FILING DATE *2/20/04*

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17	1		1			
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
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25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	17		17			
TOTAL CLAIMS	22		22			

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						